

THE
BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. LXIV.

THURSDAY, JULY 4, 1861.

No. 22.

LETTER FROM JAPAN.

PORTIONS OF A LETTER DATED KANAGAWA, JAPAN, APRIL 2, 1861, FROM
FRANCIS HALL, ESQ., FORMERLY OF ELMIRA, CHEMUNG CO.,
N. Y., TO WM. C. WEY, M.D., OF THAT VILLAGE.

[Communicated for the Boston Medical and Surgical Journal.]

A two days' storm cleared up at sunset, with a gale from the northwest, which makes our frail house tremble in every timber, and fills the air with the surf-roar of the adjacent beach. It has been a timely rain, after a long series of warm, sunshiny days, and now the country will present all the freshness and beauty of your middle of May. Flowers are blooming everywhere; the fields of colewort are golden with blossoms, and wheat and barley are a foot high: for the season is an early one here, full two weeks earlier than a year ago. For a month past we have had the perfection of climate, in contrast the most absolute with the long, tedious, wintry March of the Northern States. I enjoy my walks even more than I did at Elmira, and add thereto horseback excursions of ten, twenty or thirty miles a day. I was reminded of you to-day while I was re-arranging some dried botanical specimens gathered last summer. I recollected when I left home that you had among your shrubbery a *Weigela rosea*, of which you were hoping much, and which you were nursing with great care, near your front door. Some specimens of its blossoms in my hand to-day, reminded me not only of the little shrub in your yard, but of the masses of it which I saw last summer growing wild on the banks of the streams, full of fragrant blossoms. It is indigenous to this country, and everywhere abundant. Side by side with it was the beautiful honeysuckle that we twine about our doors at home, and which is seen running here by every roadside, and among the bushes and trees. So, too, the Wisteria, or Glycine, is as common as the bramble. It is pleasant to see these old favorites growing in such profusion in their native haunts, but I doubt if we prize them as much as our solitary garden specimens, away from their

native land and reared with so much care. In my rambles last year, I obtained many wild trees, plants and shrubs, which I think are new, and of which I shall hope, this year, to secure specimens or seeds.

Of late, I have been more content than ever to remain in Japan. Its physical attractions, taken altogether, are hardly surpassed, I imagine. The beauty of the scenery, the productions of the soil, the equability of the climate—all render this a delightful country in which to live. I become daily more familiar with the language and customs of the country, and among the great deal which I find to please, I find little that really wearies or disgusts.

Thus far it has proved extraordinarily healthy to foreign residents. My friend, Dr. S., never has a case of fever, ague, or continued illness of any kind. Inflammatory diseases, diarrhoea, dysentery, &c., are almost as rare—and coughs and colds are novelties. I have now passed through a second winter without a cold, an experience wholly new to me. Although the climate is at times damp, even rheumatism fails to get a hold here. Cutaneous disorders are common, of obscure character, and not yielding readily to treatment. These have been a good deal of a puzzle to the physicians as to their source and character. Native practitioners are as abundant in proportion to the population, as in the most favored parts of the world. The generality of them are ignorant creatures, using a few simple remedies, and drawing largely upon the credulity of their patients, while there are others who profess no inconsiderable skill.

The Dutch at Desima, of late years, through their physicians resident there, have given medical instruction to a great many Japanese. I frequently see those who have been either under direct tuition of the Dutch, or who have received instruction from the Japanese thus educated. Dr. Van Siebold has accomplished a good work in this respect, and his pupils are scattered all over the empire. The consequence of this has been that not only foreign medical remedies but medical books have been largely introduced into this country, and the better class of the native physicians are acquainted with the uses and effects of the more important of the former, and the revelations of the latter. The desire which we so often see manifested among the people to make themselves acquainted with foreign affairs and foreign knowledge, is particularly evident among the young physicians. They contrive to learn the Dutch names of medicines and diseases, and then proceed to make all the inquiries they can. While many of them are content with a mere smattering of names, others are as truly desirous of making themselves proficient. They retain our nomenclature of the *Materia Medica*, for the most part, and you will hear them talk of calomel, rhubarb, senna, laudanum, Hoffman's anodyne &c. The last is a favorite medicine among them; calomel, too, they use largely, and it is sold as a common remedy in all native drug

shops. A young man came to our house one evening, and we observed him several times take a white powder from his pocket, and sprinkling it on some cakes, to eat it. We were of course anxious to know what it was, and finally ascertained it to be *calomel*. He was taking enough to salivate a horse, or a team of horses, for that matter. We told him what the positive effect of the medicine would be, and he threw what he had left into the fire. Santonine they buy largely, having abundant use for vermifuges. In fact, there is not a remedial agent in your drawers and bottles, but what they either know something of already, or are prepared to experiment with. They have their favorite remedies, which they employ liberally. The Dutch, in years past, were in the habit of importing a quackish mixture, which was put up in brilliant style and inscribed in Hebrew and other unknown characters. I think it was called the "Golden Mixture," or some equally sounding epithet. This took the fancy of the people, and it was largely consumed, until they learned the fact that there were such things as *quack medicines*, when it was at once scouted. Indeed, they are now very discerning in relation to quackery; they understand fully what it means, and are not to be so easily caught. Their merchants, even, comprehend that adulterations are practised in the regular trade.

We do not yet know enough of the practice and remedies of the Japanese physicians to be able to say that they have anything of value to communicate to us.

My friend, Dr. S., was recently called to a case of parturition, where a Japanese midwife was also in attendance. She was the wife of a doctor. I have seen her, and she certainly bears the impress of an intelligent woman; and so Dr. S. found her. She was skilled in her profession, and appeared to have a thorough knowledge, anatomically and physiologically, of her calling.

Surgery is a science unknown among the Japanese, even in its most minor operations, if I may be allowed the expression. Amputation they never resort to. A case occurred last fall, in which a Japanese official was wounded in the arm by a gun-shot. The arm was nearly severed and the bone completely shattered. Drs. S. and H. were, with great reluctance on the part of the authorities, permitted to see the man. They, of course, pronounced amputation not only the best course, but as absolutely necessary to save the patient's life, and proposed to perform it. They were refused, on the plea that, *first*, it would be necessary to obtain permission to such effect from the District Governor; and *secondly*, of the parents of the man, who lived at Nagasaki, seven hundred miles away. The wounded man lingered, as you may suppose, for days and weeks, in the most critical condition, but I understand that he finally recovered, with his arm totally withered, a clog and an incumbrance to him all his life.

I cannot now recall that I have seen a single *cripple*, in the coun-

try, from the loss of a limb; and the very few of any description that I have seen, were beggars by the wayside, suffering from some malformations; but even these cases are exceedingly rare. It is one of the pleasant things of our life that we are shocked neither by deformity nor disgusting subjects of disease, as in China.

Japan is not overcrowded with population; it has a climate of a happy medium between hot and cold, and of great equability; and the means of living are easily obtained. Dyspepsia is not uncommon, owing to an exclusive, or nearly exclusive vegetable diet. Pulmonary consumption prevails to a limited extent, and so far as I can learn, but little fever, rheumatism or ague; in fact, I have not yet ascertained the diseases of which the people *do die*. I think that bowel disorders are frequent, and perhaps fatal. Cholera has raged fearfully, carrying off in Yedo, a few years since, 130,000 in a single season. Delirium tremens, let me say here, is an unknown disease in Japan, where liquor is so abundant and cheap that it forms a part of the daily beverage of nearly every man. The liquor is strongly intoxicating, but it is the pure spirit of the grain, unmixed with noxious drugs.

Cutaneous diseases, as I have said, are very common; not as appalling as in China, but still severe and obstinate to treat. Children with diseased scalps are very plentiful, yet I should say that scrofula was rare, venereal taints having more to do with them, I suspect. Venereal disorders are rife enough, but not so disgustingly obtrusive as I saw them in China, where the malady seems to wear a more malignant type. Effects, visible to the eye, are there seen at every step in the streets; here, only now and then one in a crowd wears the brand of vice and indulgence. The origin of this disease is universally attributed to the Spanish and Portuguese of three hundred years ago, the early navigators to this country. The Japanese, in the treatment of venereal affections, have their own peculiar remedies, but are now using largely from our supplies.

I see a great many blind men, more than I can readily account for, from the prevalence of any eye disorders. The blind are a very interesting class of population, living on charity as they wander from house to house. They are the shampooers; this is their privileged calling. I meet several of them every day, with long staffs in their hands, feeling their way through the streets; or, at night, I hear them crying their occupation, in a loud voice, as they wander about. They are always well clad and look as if comfortably fed, and never lack a helping hand to lead them in any intricate place. It is said that, at Miaco, they have a general order established, and that all attached to the order receive a yearly amount of alms. This order was founded, as you may have read, by a princely lover who wept his eyes blind for the loss of his mistress; or, as another legend says, by a captive warrior who plucked his eyes out, and gave them to his conqueror, since, whenever he looked at him, he desired to take his life in revenge.

Be that as it may, the blind man in Japan is sure to be well provided for. Many of them are physicians, and are supposed to be particularly skilled in *acupuncture*, which we would suppose would require good eyesight. I happened to call at a house, one day, when a young woman who was ill was undergoing the operation. Acupuncture, like the use of the *moxa*, has a general application for all sorts of diseases. In the case which I witnessed, the patient was complaining of severe headache, pain in the side and loss of appetite, an affection not strange among women who dwell in the house, take no exercise, and who consume indigestible vegetables. The case appeared to be dyspepsia, more than anything else. The girl lay on the mat floor, covered with a silk quilt, and by her side was a blind physician, with his little case of long needles. He was a grave, venerable-looking old man, and I was much interested in the care with which he seemed to manipulate. His hands were under the coverings of the bed and her garments, but it was all the same to the sightless old man; he moved them slowly and carefully, as if feeling for a proper place, and then, at long intervals, would select a needle and make the puncture. There did not appear to be any pain in the operation, though occasionally the girl winced a little; yet she was regardless of the old man's presence, and sustained her part in general conversation. The doctor was as unmindful of us and of our talking, as though he had been deaf as well as blind, and his whole attention was absorbed in his task.

Moxa burning is universal, and upon every part of the body. The arms, legs, and upon either side of the spine, are the favorite places, and it is not an uncommon occurrence to see a naked coolie with scars of the moxa at regular intervals, in double rows, down the back from shoulders to hips. If a man has a headache, the moxa may go on his back, but quite as likely on his shins; or if he has pain in his leg, the application may be on either temple. It is a question for investigation whether there may not be some virtue in these remedies when properly applied.

Few escape smallpox, and every other man's face is more or less pitted. You may meet a half dozen children in a single street, presenting different stages of the disease, for those sick with it are not shut up, only as the necessities of each case call for confinement and care. It is a regulation, however, that children thus affected must wear a red cap to distinguish them. Encountering the malady as much as I did, three months since, I had a mild attack of varioloid, and I assure you I am quite relieved in my feelings.

The distinguishing mark of the Japanese doctor's costume is his head, clean shaven of hair. He feels the pulse and looks at the tongue, like any of the regular fraternity, and not stinting his medicines, gives pills, potions and draughts, with true allopathic liberality, or half hides his victim under plasters. For all this he

exacts no fee; whatever his patient chooses to give him, is his reward. An ichibu, *per diem*, would put him in the highway to fortune.

DR. WARE'S LECTURES ON GENERAL THERAPEUTICS.

LECTURE VI.—(Concluded.)

BUT emetics are not to be administered on trivial occasions, and their frequent employment as a routine method of practice for slight ailments is unnecessary and in some degree injurious. It is better for the health and constitution of a patient, on the whole, that the system should be suffered to contend with all milder attacks by means of its own energies, aided by a careful attention to hygienic rules, than to help it over the difficulty by foreign assistance, even although this should accomplish the purpose sooner. It may be more acceptable to the patient, perhaps, to get rid of an indigestion or carry off the symptoms called "bilious" by an emetic, however disagreeable the remedy, than to wait the slower process; but I conceive that the natural powers of the organs are likely to be left in a better condition by the latter method. It seems at first as if it were very desirable to break up an acute disease, like fever, at its onset; yet it is certainly open to inquiry, whether the gradual course of processes in which the disease consists may not answer an end to the economy that would not be done by the operations which cut them short, supposing this could be done. It is unfortunate that questions of this sort, so important to be determined, are yet so difficult of solution.

Still, when there is sufficient occasion for the administration of an emetic, we are not to be diverted from it by imaginary objections. It is sometimes apprehended that vomiting may be injurious in affections of the head and chest, from the apparently violent impression produced by it upon the circulation of the organs in those cavities. This apprehension does not seem well founded. It is rarely, if ever, that any really injurious effects result, so far as the operation itself is concerned. Even where hæmorrhage exists from the lungs or stomach, the spontaneous vomiting which often takes place does not apparently increase the flow of blood, but, on the contrary, seems to arrest it. Pain in the region of the stomach is also sometimes felt to be an objection, but unless there be good evidence of ulceration or of organic disease, there is no reason for it. Even where these exist, a little reflection will show that rupture of the coats of the stomach, the accident apprehended, is not likely to take place. As the stomach only contracts moderately upon its contents, and this contraction is supported by the firm closure of all the muscles about it, its coats are rather sustained and thus prevented from mechanical injury, by the contact of the surrounding parts. In ordinary vomiting,

the stomach itself is almost passive, and the principal activity is in the diaphragm and abdominal muscles, between which it is compressed. Indeed, it has seemed in some cases where vomiting has occurred in hæmatemesis, as if the contraction of the stomach acted to diminish the flow of blood, somewhat in the same way as the contraction of the womb diminishes uterine hæmorrhage.

A state of great weakness constitutes, undoubtedly, a more valid objection, especially where the stomach is irritable, since here severe, disproportioned and long-continued vomiting is liable to occur. When the patient has been reduced suddenly, by causes which have obviously not involved a large expenditure of material, or vital force—as a sudden loss of blood, a sudden shock to mind or body, the immediate influence of some depressing agent acting either on the stomach itself or on the whole system, such as food, a narcotic poison, or a concussion of the brain—vomiting has an exciting and refreshing effect, except when the state of prostration induced is excessive. Where, on the contrary, there has been a gradual and protracted exhaustion of force and material—as from repeated hæmorrhages, a long-continued diarrhoea, extreme abstinence, the very last stages of debilitating diseases—vomiting, though it may sometimes produce a slight rallying for the moment, is attended with great hazard.

The employment of purging, as a remedy, demands a similar consideration. This operation is of a more complicated character than vomiting. This last is comparatively a simple process. Only one organ is primarily acted upon, and its secondary influence on other organs is not difficult to understand. But cathartics act not only upon the stomach—though in a different way—they also act upon the whole succession of organs which make up the alimentary canal, and through them upon others associated with them by function or simple proximity. We are not to consider this canal as a single organ, and purging as the mere evacuation of its contents. It consists of many organs, acting, it is true, to a common purpose—one of great delicacy and importance—yet each contributing to that purpose in a manner as distinct and peculiar as the stomach itself, and each bearing its own relation to whatever is subjected to it, whether food or medicine.

Purgatives have been more extensively employed than any other medicines, both professionally and popularly, and although their use by physicians has much diminished, they are still freely resorted to by the public as the principal remedy for all common ailments. Common opinion regards the health as very closely connected with the state of the bowels. The importance attached to their condition amounts in many almost to a superstition. It may be said, without exaggeration, that there are some chronic invalids, whose hours are, in good part, spent in watching the movements of their digestive organs, and with whom the great event of the day is the

accomplishment of a discharge of a certain quantity and quality. These miserable persons are doubtless exceptions, but in a less degree the same thing is a source of constant anxiety to many others who are really in a state of very comfortable health.

To take care of one's health is one thing; to be constantly watchful of it is another. To take care of one's health is to understand what course of life as to food, clothing, sleep, exercise and exposure is best, and to follow that habitually without thinking of it. To be watchful of one's health is to keep under constant notice all our sensations, the state of all our organs, the mode in which all our functions are performed. He who does this is pretty sure to find that very frequently something goes not exactly to his mind, he attaches undue importance to it, and fancies that it requires a special remedy. The common ailments which are thus discovered, are principally traced to two causes, "being bilious" and "taking cold." The corresponding remedies resorted to are, taking physic and keeping out of the air.

I fear that we are ourselves partly answerable for the evils arising from this source. Pressed as physicians constantly are for a particular explanation of the nature of those indefinite ailments which constitute so large a part of ordinary practice, or of those equally indefinite changes of symptoms that accompany more distinct diseases, it is easy to attribute them to taking cold or to the state of the bile, and this account, ambiguous as it is, is usually satisfactory. Now there is a certain foundation of reality in this explanation. The greater part of the conditions referred to are dependent upon the state of the digestive organs and upon the influence exerted upon the body by that combination of agencies which are collectively meant by the term "the weather," and whose effect, when unfavorable, is popularly expressed by the term "taking cold." There would be no particular harm from the theory were it not for the practices that result from it.

Now besides the erroneous habits with regard to exposure, clothing, exercise and ventilation to which the fear of taking cold has given rise, and of which there will be occasion to speak hereafter, the class of maladies attributed to it, as well as those supposed to depend upon bilious disturbances, are believed to be under the influence of cathartic medicines, and to require them in order to their removal. Hence the supposed necessity for their frequent exhibition. Cathartics are capable of relieving some of the disturbances of the digestive organs in less time than when they are left to themselves. This is especially the case where they are the direct effect of improper or excessive food. The erroneous habits in which so many persons indulge, both as to the quantity and quality of their food, keep them in a state of chronic disquietude from the condition of the digestive organs, even when no definite malady is the result. It requires less effort to be relieved of this by an occasional dose of physic, than by self-denial

and abstinence. A habit of relief by medicine is thus formed, and the evil grows by indulgence, till a permanent state of disorder is at last induced. The resort to purgatives in cases of this description should not be encouraged. The same general remark applies here that has already been made in regard to vomiting. The spontaneous efforts of the system, when fair play is allowed them by a due regulation of all the habits of life, are usually sufficient for relief, and the future condition of the organs is better than where it is obtained by the use of drugs.

Still, cathartics are sometimes necessary, and in order to the successful study of their application, we should keep in view their relation to the organs upon which they act and the influence they are capable of exerting upon the system at large. They are not mere evacuants of the contents of the canal, but are capable of altering the condition, and of both increasing and altering the secretions, of its different parts. Still we possess but an imperfect knowledge of the mode of their operation in these respects. When they act upon the stomach, this is usually indicated by nausea, or at least by a slight qualmish sensation in the gastric region. When their chief effect is upon the small intestines, the indications are less distinct. Situated as these organs are, in the central portion of the great passage, their condition is very much removed from direct observation. It seems to be a fact that causes of irritation which affect those parts of the canal nearest its two outlets, are more apt to produce distinct sensations than when acting upon those in its more remote portions. Any foreign substance or any cause of irritation in the pharynx or œsophagus, is more intolerable than in the stomach; in the stomach, more than in the small intestines. It is again more sensibly felt in the colon, more again in the rectum, and still more at the anus. Thus healthy fæces which are not felt at all while remaining in the colon, are no sooner pushed down into the rectum, than we become sensible of their presence and an effort is excited to discharge them. The sensation created is only relieved by their discharge, or if this be impracticable or resisted, by their withdrawal into the colon.

Hence it is apt to be the case that purgative medicines, after passing from the stomach, are little felt till the product of their action is poured into the large intestines. It happens with regard to them very much as it does with regard to food. Improper food, for example, when present in the stomach produces oppression, wind, acidity and other indications of indigestion. When it has fairly passed into the small intestines, the patient becomes comparatively easy, and if he experiences any sensations, they are of a vague and indefinite character, such as headache, a general uneasiness and restlessness, thirst, feverishness, &c., not particularly referrible to the organs themselves. In the large intestines, unless its digestion has been accomplished in the small intestines, its presence is again indicated by annoyance from flatus, griping and

perhaps diarrhœa. The operation of different cathartics is to be observed in connection with these facts, which, though not universally, will yet generally be found to be true. They correspond to another fact, that the functional disturbances of the small intestines are for the most part indefinite and obscure. Even of the symptoms they produce, all are not to be attributed to local irritation, since the entrance into the blood of the results of digestion may produce some of them through the medium of the circulation—as, for example, the headache, the feverishness, the nervous disquietude of the limbs so often experienced.

It follows from the same cause that the symptoms attending the operation of cathartics, as well as of functional disturbances in the large intestines, are far more distinct and intelligible than of the small. We have here also additional information derived from the inspection of the discharges, though the indication from this source is somewhat obscured by the admixture with them of the products of the small intestines. These, however, it is usually not difficult to distinguish with tolerable certainty from those of the large. Next to the management of the stomach, perhaps quite as much so, the management of the condition of the large intestines is the most important point in the practice of medicine, so far as direct remedial measures are concerned. The comfort and often the welfare of the patient depend very much upon it. In order to this, a correct understanding of their relations, the nature of their functions and the manner in which they are operated on by remedies, is of the utmost consequence.

The large intestines are the recipients of the *residua* of digestion as it has been carried on in the parts above them. They absorb from these *residua* certain materials, and they elaborate the remainder into proper *fæces* and then discharge them from the body. This is sometimes regarded practically as their only office, but it will be probably generally admitted that these organs are also the seat of a special excretion, which gives to the *fæces* their peculiar odor, but which, from the nature of the case, cannot be separately examined. The presence of bile seems to be necessary to this function, and the degree of perfection with which it is exercised is connected with the character of this secretion. Where bile is absent, as in complete jaundice, both the color and peculiar odor are wanting, and this excretion is probably arrested, or at least imperfectly performed. Hence exists a close relation between the functions of the liver and large intestines, and their conditions reciprocally influence each other. The immense variations that are perceived in the color, odor, consistence and other qualities of the discharges, usually attributed to simple variations in the quality of the bile, are with greater reason to be ascribed to the combined influence exercised by the condition of the liver and of the large intestines upon the character of the matters found in the latter organs.

There are circumstances tending to show that there is still another function of the large intestines not always taken into view in practice, though in a general way usually admitted to exist. A considerable quantity of material is undoubtedly absorbed in them, since the alimentary mass is admitted in a liquid state, but becomes nearly solid when it is discharged. It seems, however, to be almost taken for granted that this absorption is merely the straining off of the products of assimilation which have escaped the vigilance of the lacteals of the small intestines, and are of no peculiar quality. It is true that the cœcum is stated to have a peculiar acid secretion, and has been supposed to be the seat of a second digestion, especially in herbivorous animals. I am not aware that the nature of this action, if it exist, has been made the subject of particular observation, but some of the facts in the structure of the large intestines in animals, and still more, many phenomena in disease, give color to the opinion that the relation of the large intestines to the digested mass is not simply residuary, as it were, but that they are assimilating organs of no inconsiderable importance.

In short, there has seemed to me reason to believe that portions of the aliment, after undergoing certain changes in the preceding organs, are transmitted into the large intestines not accidentally, as it were, but intentionally, for the purpose of undergoing there another and a higher elaboration, and that the most highly animalized results of assimilation are the results of this last process; that the food is here raised to its highest vital condition; and that those elements of the blood which constitute its most vital parts, here receive their last finish. This is conformable to the analogy of what takes place elsewhere in the economy, where, as a general rule, the secretions that depart the most from the character of the blood go through the longest process, and are prepared by the most complicated apparatus. This view is supported by a reference to the importance attached to the structure and capacity of these organs in animals whose food is farthest removed in character from the blood and tissues that are to be formed from it, such as the ruminants and other herbivorous quadrupeds.

In diseases there are some facts, the indication of which is in the same direction. Affections of the large intestines which interfere with their functions, such as chronic ulcerations and chronic diarrhœa, are often characterized by a peculiar paleness—not the ordinary paleness of exhausting disease, dependent upon an insufficient quantity of blood—but a paleness indicative of blood deficient in its red particles. On the other hand, many, I think most cases of true anæmia, are accompanied by some indication of failure in the office of these organs, very often by diarrhœa.

But whatever importance may be attached to these considerations, it is incontestable that the condition of the organs in question has a great influence over the phenomena and course of dis-

ease, and sometimes also upon its result; and that a strict attention to their management, is, as already stated, of the utmost consequence in the treatment of disease.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY FRANCIS MINOT, M.D., SECRETARY.

APRIL 22d.—*Specimens presented to the Society by Dr. George W. Otis, Jr., of Springfield.* Dr. JACKSON exhibited them, and gave a full history of the individual cases which Dr. O. had prepared, and of which the following is a condensation. Seven of the specimens were in spirit, and put up by Dr. O. in very handsome anatomical jars.

I.—*Ovarian Dropsy, followed by Pregnancy; fatal.* A lady, aged 27, and usually perfectly healthy, was married at 16, had her first child a year afterwards, and subsequently a miscarriage. In April, 1854, the abdomen began to enlarge, and uniformly, as she was sure. Five months from this time the catamenia stopped, and she had the usual symptoms of pregnancy. In January, 1855, as the enlargement was excessive, and the fetal motions were not felt, she saw her physician, Dr. Nathan Adams, who at once recognized an extensive dropsical accumulation; and on the same day she was seen, in consultation, by Dr. Otis. From the absence of all disorder of the general functions, the normal character of the urine, &c., encysted dropsy was diagnosed. The following week, in view of the probable existence of pregnancy of five months, and of the daily increasing discomfort of the patient, paracentesis was performed, and twenty-two quarts of serum were drawn off, the latter portion being very thick and turbid. No immediate bad symptoms ensued, but the patient, who had hitherto preserved her plumpness and fresh color, soon appeared haggard and pale. The cyst rapidly refilled, and the patient's health as rapidly declined. February 12th, a second operation was imperative; and eight days afterwards she was delivered of a six months fœtus that lived an hour or more. Sharp abdominal pains, with other symptoms of peritonitis, came on, and she died on the 22d. On examination, a large unilocular ovarian cyst was found, in the upper part of which was a rent, which Dr. O. supposed to have occurred at the time of labor, and to have caused the extensive peritonitis that existed.

II.—*Rupture of the Uterus.* Patient healthy; aged 22 years; first labor, May 11th, 1857. An irregular practitioner sent for, as her own physician could not be had: child born. The man passed his hand into the womb, and, as the husband said, manipulated for an hour and a half, the woman shrieking and tossing with pain: his object being to remove the placenta, as there was uterine hæmorrhage. On the two following days the hæmorrhage continued, and was considerable in amount. May 13th, Dr. C. Bell, the family physician, saw her, and found evidence of violent peritonitis; discharge from vagina fœtid; tenderness about vulva exquisite. May 19th, Dr. O. saw the patient in a hopeless condition; and at 9, P.M., she died.

Examined, thirteen hours after death, by Dr. O. Large amount of fœtid gas escaped from cavity of abdomen. Extensive peritoneal in-

inflammation, with copious sero-purulent effusion. The agglutinated viscera formed a wall about the uterus; and in the cavity thus formed were several clots of blood. Laceration, one inch and a half long, near the right Fallopian tube; edges gangrenous; parietes of organ otherwise healthy. As the vagina was divided, the placenta slipped from the patulous os uteri.

III.—*Old Fibrinous Clots in the Heart.* A negro lad, aged 10 years. December 4th, 1852, excessive dyspnoea; pulse small and irregular; cough and expectoration slight. Extended dulness over heart, with increased impulse, and a rumbling and very obscure sound. He died the same day. Organ hypertrophied; several fibrinous coagula in right cavities, and the same in each ventricle, of tough consistence; opaque, and apparently coalescing with the endocardium. Dr. O. supposed that these clots had formed at a somewhat distant period before death.

This case has been already published in full, and with remarks, in the *Virginia Medical Gazette* for February, 1853.

IV.—*Fœtus expelled, with the membranes unbroken, during convalescence from a severe attack of Typhoid Fever.*—A healthy woman, aged 35 years; morning sickness the second week of July, 1860. Nov. 1st, symptoms of fever began, and on the tenth of December she aborted.

V.—*Melanotic growth from the anterior surface of the Eye.*—Oct. 17th, 1854, saw Mr. ———, with a frightful cancerous-looking mass protruding from his left eye. Two years previously it appeared as a black speck at the upper and outer segment of the cornea, and at its junction with the sclerotica; and it was the seat of a smart, lancinating pain. Gradually a pimple formed, which soon enlarged rapidly, and became livid. Various caustic quack-applications were made, and the mass was thrice excised; but it returned each time before the wound was healed, and the caustics seemed only to hasten its growth. The cervical glands were much enlarged; and the man had a cancerous aspect. Morbid growth attached by a broad base over greater part of cornea and an equal area of sclerotica. Vision not lost until the last four months; previously could see, when the pendulous fungus was held aside. Organ removed; wound healed. The patient was heard from a year afterwards, and the disease had not returned. The mass was rather more than double the size of the eye-ball, of a dark-purple color, and exceedingly vascular; a large part of it was removed for examination, but the remainder presents the usual appearances of melanosis.

Since the above, Dr. O. has removed a somewhat similar tumor, without sacrificing the globe of the eye. It had almost a pediculated attachment to the conjunctiva near the margin of the cornea, and was so large as to conceal the eye.

VI.—*Cancer of the Breast; successful Operation.*—June 1st, 1855, Mrs. P., aged 63, consulted Dr. O. Tumor in left breast of the size of the fist, and appeared three years previously as a small lump. Seemed imbedded in the gland; hard and heavy; surface expanded into a liver-colored fungus, that bled when it was touched, and discharged an ichorous pus most profusely; nipple not retracted. Axillary glands not swollen. Aspect of patient cachectic; hectic fever, anorexia, and excruciating pain in tumor, with sleepless nights. Operation advised as a palliative measure. The patient had had various

empirical and exceedingly painful applications made to the breast; and after the above date, about three-fourths of the mass was destroyed by an arsenical paste, but new growths sprang forth almost immediately.

June 16th, the whole breast was very thoroughly removed. No disease towards axilla: and the wound healed well. Of five intelligent physicians who were present at the operation, no one had a doubt as to the cancerous nature of the disease. No microscopic examination was made; but the tumor had the "*cri sous le scalpel*," and the "juice."

After the operation the woman gained flesh and strength, and was able to work laboriously. Three years and a half subsequently she died from pneumonia, and had enjoyed excellent health until within a few days before her death. There was no autopsy; but the attendants observed no indication of a return of her disease.

VII.—*Disease of the Testicle*.—An Englishman, aged 29 years, contracted chancre eight years ago, when he was serving in the London police. Is still a powerful man, though much less so than formerly, when he was considered the athlete of his brigade. Married two years; no children; wife has never shown any sign of contamination.

Testicles began to swell three years ago—right, especially; and this alone was painful. Great pain in night for two years. Six months ago an abscess opened spontaneously on the outer portion of the right testicle, and a foul sore has existed there ever since. Active treatment was used last summer, but without effect; the ulceration increased; there was a constant foetid discharge; masses from time to time sloughed off that seemed to consist of seminiferous tubercles, immersed in fibrinous exudation; and the patient's condition having become intolerable, the organ was removed Dec. 17th, 1860. Its weight was 13 oz.; cellular tissue of scrotum healthy; cremaster muscle greatly hypertrophied. Some secondary hæmorrhage, but the wound healed well. The morbid appearances in the diseased testicle were regarded by Dr. O. as similar to those usually found in ordinary chronic orchitis; and he thought the case interesting for the rarity of suppuration in connection with syphilitic sarcocele.

The left testicle is three times the usual size, uniform and hard, but quite free from pain. The sexual appetite continues.

VIII.—*Superficial Caries of the lower back part of the Femur, the result of a Diffused Aneurism*.—In January, 1855, a negro boy, aged 18 years, whilst poising a heavy weight, felt a sharp pain in the left ham, and the part gradually swelled. Six weeks afterwards the limb was enormously swollen, measuring thirty inches in circumference at the knee, and over the inner margin of the patella, being distended almost to bursting by the subjacent coagula. Gangrene at last seemed imminent; the thigh was brawny, tense and cold; the leg was mottled and cold; and there was no pulsation. Two months after the accident, amputation was performed at the upper third of the thigh. On an examination of the limb, the artery, after perforating the adductor magnus, was lost in a vast sac, containing several quarts of coagula, and through which the circulation had apparently been arrested for some time; the sac being bounded by the deep fascia and the expanded vasti muscles. The tibial and peroneal arteries were contracted at their upper portion, but lower down were of full size and healthy in structure. There was no secondary hæmorrhage, but

the wound was unhealthily, and, after lingering for some weeks, the patient died.

IX.—*Inflammation about the Ankle-joint*.—A boy, aged 17, of strumous temperament. Dec. 7th, 1854, he felt a pain above the left inner malleolus; and at that time he was walking several miles to school daily, and through a deep snow. On the 14th an abscess had formed, with intense pain: and by a superficial incision a pint of pus was discharged. Jan. 22d, Dr. O. found the joint distended, and very painful; bone being felt in every direction through a fistulous orifice. Leg amputated Jan. 30th. The boy did well; and is now, with the aid of a Palmer's leg, active as any one.

X.—*Urethral Calculus*.—An Irishman, aged 45, had had pain in the region of the left kidney two years previously; hæmaturia and other urinary symptoms occasionally since. Retention of urine three weeks before Dr. O. saw him; overcome by pushing back a foreign body with a bodkin. A phymosis that existed was operated upon, and then the meatus and urethra were divided to the extent of three fourths of an inch. Calculus readily grasped by forceps, but could not be removed, though very considerable force was used, until it had been broken by Civiale's urethral lithotrite. The incision healed well, and the patient rapidly recovered. Dr. O. having examined the calculus chemically, found it to consist mainly of the oxalate of lime; and this result is confirmed by Dr. John Bacon's examination; the other constituents being a very little uric acid and phosphate of lime. The fragment, as now seen, is about the size of a large pea.

The thanks of the Society were presented to Dr. Otis for the above collection, and for the very satisfactory history that he had sent with the specimens.

MAY 27th.—*Enormous Tumor of the Abdomen*. Dr. GEO. C. LILCOLN, of South Malden, showed a cast of the tumor, and related the following history of the case. The patient was a man, 25 years old, whose occupation for the last eight years had been that of a seaman in the merchant service, rather slightly built, weighing ordinarily 150 pounds. He had always enjoyed good health until the appearance of the tumor. In November, 1859, while in New Orleans he first became aware, by accident, of some enlargement of the abdomen. He continued his usual work, and arrived home about Christmas, 1859. For the next two months he was able to go about, but experienced considerable inconvenience from his increased bulk. In March, 1860, he entered the Massachusetts General Hospital, where he remained but a short time. At that time the abdomen was enormously swollen, tense and inelastic, feeling like stiff leather, with imperfect fluctuation, and very slight tenderness at points. There were no constitutional symptoms. March 30th, his girth at four inches above the umbilicus measured 41½ inches; at umbilicus, 39½ inches. During the month of June, there was a great increase of general anasarca. The scrotum and penis were extremely œdematous. This was greatly relieved by scarifications. August 25, the abdomen was tapped; no water flowed from the canula, but it oozed rapidly from the wound during ten days, when the wound closed, and another was made with a lancet, with the same effect. The œdema gradually subsided spontaneously. April 1st, 1861, the abdomen was very large, smooth and symmetrical, and measured 52 inches in circumference. A dense mass was felt, filling the left hypochondrium. May 12th, he was seized with gene-

ral convulsions, but without loss of consciousness, lasting two hours, and followed by great prostration; these recurred several times until his death, May 14th.

At the autopsy, the peritoneum was quite healthy; its cavity contained a little serum. The diaphragm was pushed up to the fourth rib. The arch of the colon lay above the growth, and was firmly attached to it. The ascending portion and all the small intestine lay on the right of and beneath the mass in the right lumbar region. The right kidney was normal. The left was not found, but a brownish mass, which lay beneath the tumor on the right side of the spine, was undoubtedly the kidney entirely disorganized. From the position and general appearance of the growth, it undoubtedly arose in the sub-serous cellular tissue between the kidney and the descending colon. The whole of the left side of the abdomen was quite filled with the tumor, and the extent of the attachments was equal to one third of the mass, and there were no adhesions below the left hypochondrium.

Dr. ELLIS remarked that the tumor, after removal from the body, assumed a more flattened form than while within the abdominal parietes, the long diameter being about two feet, the short eight inches. Weight, eighty pounds. It was composed of many lobes, some of them being quite large. Portions of the surface were quite vascular, but the prevailing color was white or yellowish-white, with some decidedly yellow portions. The consistence of the lobules varied very much, some being very firm and others so soft that they fluctuated. Two irregular masses of bone were also seen, one perhaps half an inch in thickness. The other, much larger, occupied a portion of a dense fibrous lobe between two and three inches in diameter, and, on microscopic examination, was found to contain laminae and true bone-corpuscles. It had the appearance of being the result of a transformation of the fibrous tissue in which it lay.

The structure of the different lobes varied as much as their consistence, some having the aspect of ordinary fibroid tumors, while a large part had the appearance of adipose growths, which contain a large amount of fibrous material. The fat in some parts was of a whitish color, but contained, like the yellow portions, the usual adipose cells. The soft fluctuating lobes were composed of loose, delicate, white, moist fibrous tissue.

In the centre of one of the largest lobes was an irregular cavity surrounded by brownish tissue, which was evidently softening.

With the exception of the peculiarities mentioned, the microscopic character of the growth was fibrous.

Dr. JACKSON said that the patient was under his care for a few weeks at the Hospital. The sense of fluctuation of the abdomen was so perfect that he had no doubt of the existence of ascites. The tumors, for there seemed to be several, were quite distinct; and he supposed that it was a case of carcinomatous development in the sub-peritoneal cellular tissue, and which he had generally found to be attended with ascites; the healthy condition of the patient corresponding with the fact, so far as he had observed, that in these cases the organs are not implicated in the disease. He now believes that the feeling of fluctuation was due to the fatty structure of the tumor, and not to the presence of fluid.

In regard to the anatomical character of the tumor, Dr. J. thought that it might be the same as that of the "mammoth tumor" described

by Prof. Delamater, in the *Cleveland Medical Gazette* for August, 1859. In that case, the tumor weighed 275 lbs., and the patient less than 100 lbs. at the time of her death; being the largest tumor on record, so far as Dr. J. was aware. A daguerreotype of the patient, from the Society's Cabinet, was shown; and extracts were read from Prof. D.'s report of the case. In one respect it strikingly resembled Dr. Lincoln's case: and that was, in the very marked sense of fluctuation that induced the attending physician to puncture the mass more than once.

JUNE 10th.—*Chemical Analysis of three Calculi from the Kidney of an Or.*—(No. 1,048 of the Society's Cabinet.) Reported by Dr. Bacon.

The largest has the size and shape of an apple-seed, and is made up of several concentric layers of a pink color, surrounding a white nucleus. The other two are much smaller, and also show pink concentric layers. All are whitish on the exterior. One half of each was used for analysis. They are composed of carbonate of lime and carbonate of magnesia, with phosphate of lime, phosphate of magnesia and animal matter. A little oxalate of lime is also found in the largest one. The amount available for analysis was not sufficient to determine whether iron occurs in the pink coloring matter or not.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, JULY 4, 1861.

Much effort seems to have been recently expended in attributing the appearance of the epidemic which is said to have broken out at Fort Monroe to the neglect of vaccination in the Massachusetts regiments. In a late number of the *New York Medical Times* an extract appears, copied from a Rhode Island journal, and taken from one of the daily Boston newspapers, in which a statement is made that insufficient attention was given to this matter by the authorities here, and also that a liberal offer by a Roxbury physician to vaccinate the soldiers free of expense, was declined, the whole charge implying that our medical authorities have been neglectful of their duties. Now, to tell the truth, it seems to us as if somebody had succeeded in creating a good deal of blaze and smoke out of very little straw. We certainly think, so far as we are acquainted with the facts, that Massachusetts has, on the whole, acquitted herself from the outset of the war with quite as much credit as any one of her sister States, not even excepting Rhode Island, which we are glad to learn improved the time so well before the departure of her troops. The first five Massachusetts regiments, it must be remembered, left at a moment's warning, to aid in the defence of the National Capital, then supposed to be in imminent danger, the more urgent necessities of the occasion not allowing time for that inspection which those underwent who proceeded more leisurely to the field of action. When the critical exigency had passed, and recruiting commenced for a long campaign, strict orders were given by the Adjutant General to the surgeons detailed to examine recruits, to reject all who did not present satisfactory evidence of having been vaccinated, which orders, we have no

reason to doubt, were promptly and faithfully executed; every possible means was taken to render our soldiers efficient for active service, and we have little doubt that they compare favorably at this moment with any in the field.

With regard to the liberal offer of Dr. Martin, it should be stated that it was not made until after five regiments had reached the seat of war. Our medical organization had now become complete, and it might have been regarded in the light of a discourtesy to appoint a special medical officer over the heads of those already entrusted with the health of the troops.

We would remark, in conclusion, that a full report of the number of cases of smallpox and varioloid that have occurred at Fortress Monroe, and the attendant fatality, would be a valuable item of medical intelligence, and we were somewhat surprised that our correspondent of this week does not allude to the subject in his interesting communication.

MEDICAL MATTERS AT FORTRESS MONROE.—The following letter from Fortress Munroe treats of matters of so much importance at the present time, that our readers will regret as little as we do its substitution for anything from the Editorial pen this week.

MESSRS. EDITORS,—Although not at this place in the capacity of regimental surgeon, or in any other way connected with the "regular" or irregular medical staff of the army, I am still here under an order from Maj. Gen. Butler, for a special duty, the fulfilment of which makes it proper that I should have my quarters at the General Hospital attached to Gen. Butler's command, and being thus situated enjoy opportunities of seeing those cases which distinguish army surgery from all other, to a degree not enjoyed by any of the regimental surgeons, or indeed any other at this post except those on duty at the hospital. These latter are too entirely occupied by their continual and arduous duties to spare one moment for any other purpose, and therefore I, having just now a little leisure, and believing that an interest cannot fail to be felt in all which transpires at this point, propose to say a few words, first of the hospital, and then of the cases which have here fallen under my notice.

In the first place, what is the General Hospital at Fortress Monroe? It is an institution organized by order of Gen. Butler, for the purpose of affording the best possible (under the circumstances) surgical and medical aid to the large body of troops under his command. To take charge of such an hospital, first at Annapolis and afterwards at this place, a gentleman was summoned, whose reputation as a surgeon is widely extended, and who in one department of surgery has gained a character for skill in diagnosis and operation, with success in results, not confined even to this continent, and hardly second to that of any surgeon living. I allude to Dr. Gilman Kimball, of Lowell, Mass. The propriety of Gen. Butler's selection can hardly be doubted by any one who knows that, in addition to this, Dr. Kimball has had charge, for twenty years, of a large hospital at Lowell, particularly devoted to the treatment of surgical injuries from machinery, &c., occurring in the numerous factories at that place. For assistants, there are at present two—Dr. Harwood, of Mass., and Mr. Francis, of Lowell, the latter an intelligent and indefatigable young gentleman, who has had the advantage of having been for two years past an assistant to Dr. Davis at the Marine Hospital at Chelsea, Mass. Besides these, there are twelve nurses, nine of whom were selected by Dr. Kimball, and the remaining three sent by Miss Dix. They are all that can be desired; and though it is understood that most "regular" surgeons of the army prefer male nurses, others, both in Europe and this country, as competent to judge and perhaps fully *as* unprejudiced, think otherwise, and claim great benefits as arising from the influence of such female attendants on sick and wounded soldiers. One of these nurses, Mrs. Sawyer, has had charge of the nurses at the hospital at Lowell, has charge of those here, and

is in every way perfectly adapted for her position. There are, besides, many intelligent and useful male attendants detailed for this duty from the various regiments, and any number more can be obtained when absolutely required by the exigencies of this particular service.

The pharmaceutical department, although not yet complete, will soon, it is hoped, be so, having a competent apothecary and assistants, and requiring only a proper supply of medicines and apparatus, which, it is expected, will soon be supplied. The entire establishment is under the general control, *ex officio*, of Dr. Cuyler, the regular senior army surgeon at this post. Dr. Kimball acts under a special contract with the Surgeon-General at Washington. It seems a great pity that, in the present peculiar crisis of affairs, it is not in the power of the Surgeon-General to offer such men anything like adequate remuneration. According to the regulations of the service, one hundred dollars a month, *without* rations or allowances of any sort, is all which the Surgeon-General is strictly entitled to allow in making a special contract for the services of a private practitioner. The army needs a great many men now to take charge of the very numerous stationary hospitals which must be organized, if the present war continues. Who are to take charge of these Hospitals? There is the regular medical staff of the army, a large number of the members of which, including many of the ablest, have resigned, leaving but a small remnant. Some of these gentlemen have undoubtedly had considerable experience, very few anything that would compare for variety and extent with that of civil surgeons of twenty years standing in active practice, while the majority have kept up their professional knowledge for the most part at remote frontier posts, where a book is indeed a *rara avis*, and where practice is limited to a few cases annually of scurvy, frostbite, delirium tremens and intermittent fever.* It has been the habit to speak of the medical staff of the army as an organization which cannot be improved, and of its members as having reached somehow a point of acquirement to which civilians may hardly hope to approximate. This style of eulogy has generally emanated from people who knew very little about what they were speaking. The praise may be just, or it may not. It is possible that it may have been part of a pompous and inflated style which seems inseparable from the subject. Time will show. But even if every member of the medical staff, old and young, possessed the ability and experience of a Paré, Larrey, Bell or Armand, there are not nearly enough of them for the service required. The only legitimate source ("regular") to which we can look, besides the present medical staff, will consist of such additions to the staff as may result from the examinations now being held, and which additions undoubtedly may be made to any required extent. Let it be remembered, that to enter the medical service of the country in this, the only legitimate way, candidates MUST BE UNDER THIRTY YEARS OF AGE. With the fullest and warmest admiration for the ability, energy and acquirement of the rising generation of medical men, I would ask whether it is very common to find, under thirty, men who possess the self-reliance, coolness, facility, contrivance and acquirement which are to such a great degree the result of long-continued and many-sided experience. It may be said that there are many old and experienced surgeons in the regiments. So there are, and many who do not deserve very high *encomia*, as will soon be made very painfully evident; but their duties are with their regiments in camp or on the march and field of battle, not in the stationary hospitals. A very superficial glance at any work on the history of army surgery will show the woeful fallacy of trusting to the regimental staffs alone for the entire medical charge of an army. The very best men would be such as our country swarms with—such men as Parker, Warren, Watson, Bigelow, Crosby, Cabot, and perhaps a hundred more, whose surgical ability is beyond doubt, cavil or surmise, and who are probably considerably on the shady side of thirty. This is just the class of men who cannot, under existing laws and regulations, give their invaluable services to their country, without submitting to great pecuniary loss, to an-

* A gentleman of the staff, a fellow-student of mine, one who at the time of his appointment (some fifteen years since) was considered one of the most promising appointments ever made to the medical staff, and who has since made that promise true, told me, after some ten years service, that with the exception of some dozen cases of frostbite, fracture and fever, he had not seen "anything in practice which an old woman could not have taken charge of as well as anybody else."

noyance, and the miseries of a false position. Dr. Kimball has endured all these, and, as I believe, has felt an ample and full reward for all in the goodness of his own heart, and the consciousness that he has thus been allowed to assuage much anguish which would otherwise have been endured, and to merit in many ways, which they will yet, IN SPITE OF RED TAPE, discover and appreciate, the thanks and blessings of his countrymen. It is hardly to be expected that many will be so disinterested. The country has no right to expect it, and should at once see that the way is opened to such men to enter the service of their country without too severe pecuniary sacrifice, but with proper remuneration and in the enjoyment of a recognized and honorable position.

In my next, I will give you an account of the cases in the hospital, and particularly of the gun-shot injuries, of which there are many interesting cases already, among the over 125 patients on the sick list. M.

MEDICAL BENEVOLENT ASSOCIATIONS.—The *Philadelphia Medical and Surgical Reporter*, in answer to a correspondent, mentions the organization and subsequent failure of a medical benevolent society in that city some years since, and says "we know of no such institution in the country at the present time." We would respectfully call the attention of our brother journalists to the fact that the Massachusetts Medical Benevolent Society has been in existence several years, and is at present in a flourishing condition, having a long roll of members and a rapidly-increasing fund.

WE are requested by Dr. W. E. Coale, Librarian of the Massachusetts Medical Society, to state that the Society will pay the postage of Braithwaite and its own annual publications; but that the books embraced in the Library of Practical Medicine will only be sent to members by mail on the receipt of the postage, or by express, on application at the office of this JOURNAL. It is understood that they will be sent only to those who have paid all their dues.

VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, June 29th, 1861.

DEATHS.

	Males.	Females	Total
Deaths during the week, ...	31	24	55
Average Mortality of the corresponding weeks of the ten years, 1851-1861,	34.4	28.6	63.0
Average corrected to increased population, ...	..	..	70.3
Deaths of persons above 90, ...	..	..	..

Mortality from Prevailing Diseases.

Phthisis.	Chol. Inf.	Croup.	Scar. Fev.	Pneumonia.	Varicella.	Dysentery.	Typ. Fev.	Diphtheria.
3	2	2	2	4	0	0	1	0

METEOROLOGY.

From Observations taken at the Observatory of Harvard College.

Mean height of Barometer, ...	29.888	Highest point of Thermometer, ...	85°
Highest point of Barometer, ...	30.104	Lowest point of Thermometer, ...	48°-50
Lowest point of Barometer, ...	29.694	General direction of Wind, ...	S.W.
Mean Temperature, ...	69°-9	Am't of Rain (in inches)	0.06

COMMUNICATIONS RECEIVED.—Review of *Materia Medica*. Read before the Maine Medical Association. —Researches upon the Nature and Treatment of Asthma.

BOOKS AND PAMPHLETS RECEIVED.—Address before the Connecticut Medical Society, by Ashbel Woodward, M.D.—Medical Communications, with the Proceedings of the Connecticut Medical Society at its last Annual Meeting.

DIED.—In Belfast, Me., June 21st, Dr. Hollis Monroe, aged 71 years.

DEATHS IN BOSTON for the week ending Saturday noon, June 29th, 55. Males, 31—Females, 24.—Accidents, 5—anaemia, 1—imperfect anus, 1—apoplexy, 1—inflammation of the bowels, 1—congestion of the brain, 1—cancer (of the uterus), 1—cholera infantum, 2—consumption, 3—convulsions, 2—croup, 2—dropsy of the brain, 2—drowned, 3—epilepsy, 3—erysipelas, 1—scarlet fever, 2—typhoid fever, 1—hemorrhage, 1—disease of the heart, 1—strangulated hernia, 1—infantile diseases, 3—disease of the kidneys, 1—inflammation of the lungs, 4—marasmus, 3—measles, 1—old age, 2—paralysis, 1—caries of spine, 1—tubercular, 1—unknown, 4.

Under 5 years of age, 21—between 5 and 20 years, 7—between 20 and 40 years, 11—between 40 and 60 years, 6—above 60 years, 8. Born in the United States, 33—Ireland, 12—other places, 5.